

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Marylanders for Marriage Equality(b) Address (number and street) ☐ check if different than previously reported
2400 Boston St, Ste 101-D

(c) City, State and ZIP Code

Baltimore

MD

21224

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30002141**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

D D D / Y Y Y Y Y Y

2012

5. (a) Date of Public Distribution(s)M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

(b) Communication Title Listen Up (Radio Ad)CLQSilbergeldSophia24C**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

9. Total Donations This Statement**10. Total Disbursements/Obligations This Statement**

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

[Electronically Filed] DATE

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
 (use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control
A. (a) Name **Transaction ID : F91.000001**

Ezekiel Jackson

(b) Address (number and street) 2400 Boston St, Ste 101-D

(c) City, State and ZIP Code

Baltimore

MD 21224

(d) Name of Employer or Principal Place of Business

1199 SEIU

(e) Occupation

Political Organizer

B. (a) Name **Transaction ID : F91.000002**

Josh Levin

(b) Address (number and street) 2400 Boston St, Ste 101-D

(c) City, State and ZIP Code

Baltimore

MD 21224

(d) Name of Employer or Principal Place of Business

Marylanders for Marriage Equality

(e) Occupation

Campaign Manager

C. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

D. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

E. (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

SCHEDULE 9-B

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Disbursement(s) Made or Obligation(s)

| | | | | | |
|---|--|--|--|--|--|
| A. Full Name (Last, First, Middle Initial) of Payee Media Strategies and Research <hr/> Mailing Address of Payee 11350 Random Hills Rd, Ste 670 <hr/> City _____ State _____ Zip Code _____ Fairfax VA 22030 <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s)) Radio ad - "Listen Up" | | | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012 </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 110000.00 </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012 </div> | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____ Barack Obama Transaction ID : F94.000002 | | | | Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| B. Full Name (Last, First, Middle Initial) of Payee <hr/> Mailing Address of Payee <hr/> City _____ State _____ Zip Code _____ <hr/> Name of Employer _____ Occupation _____ <hr/> Purpose of Disbursement (Including title(s) of communication(s)) | | | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div> Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Communication Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M / D D D / Y Y Y Y Y Y </div> | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Name of Federal Candidate _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ | | | | Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |
| SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 110000.00 </div> | |
| TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10) | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 110000.00 </div> | |